RI SOS Filing Number: 201293691360 Date: 06/04/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 · **This report must be typed or printed legibly.**
Filing Fee: $20.00 · **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
134068	**East View Drive Association**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Road Maintenance**

5. Principal office address	City	State	Zip
27 East View Drive	**Little Compton**	**RI**	**02837**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
James H. Hutchinson	
Street Address	Street Address
27 East View Drive	
City / State / Zip	City / State / Zip
Little Compton / RI / 02837	
Secretary Name	Treasurer Name
Daniel Murphy	**Leslie Haworth**
Street Address	Street Address
29 East View Drive	**30 East View Drive**
City / State / Zip	City / State / Zip
Little Compton / RI / 02837	**Little Compton / RI / 02837**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
James H. Hutchinson	**Leslie Haworth**
Street Address	Street Address
27 East View Drive	**30 East View Drive**
City / State / Zip	City / State / Zip
Little Compton / RI / 02837	**Little Compton / RI / 02837**
Director Name	Director Name
Daniel Murphy	
Street Address	Street Address
29 East View Drive	
City / State / Zip	City / State / Zip
Little Compton / RI / 02837	

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date _____ JUN 04 2012

Check No _____ By MNC

By: _____ CK# 145

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Leslie Haworth 5-31-12
Signature of Officer Date

LESLIE HAWORTH
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 05/2012

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